



## CITY OF SEATTLE CIVIL SERVICE COMMISSIONS

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### REQUEST TO WITHDRAW APPEAL

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**INSTRUCTIONS:** *Submit an original copy of this form and send to:*

***Andrea Scheele, Executive Director***

**Civil Service Commissions**

**700 5th Avenue, Suite 1670, PO Box 94729,**

**Seattle, WA 98124-4729**

**[Andrea.Scheele@seattle.gov](mailto:Andrea.Scheele@seattle.gov)**

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This request is to withdraw an appeal filed with:

- ☐ **PUBLIC SAFETY CIVIL SERVICE COMMISSION (*PSCSC Rule 6.07*)**
- ☐ **CIVIL SERVICE COMMISSION (*CSC Rule 5.22*)**

**Appeal Number:** \_\_\_\_\_

- ☐ I no longer wish to pursue this matter.
- ☐ I wish to pursue this matter through my union under the rights in the collective bargaining agreement.
- ☐ I wish to pursue private legal action against the Respondent.
- ☐ Respondent and I have entered into a settlement agreement which resolves the appeal to my satisfaction.

**SIGNATURE of Appellant or Representative**

**DATE**

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***A Dismissal Order will be issued by the Presiding Officer or Executive Director.***